

EIA Health/Small Group Program ASO EPO

Benefit Summary

(Uniform Health Plan Benefits and Coverage Matrix)

Blue Shield of California

Effective: January 1, 2015

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Calendar Year Medical Deductible (4 th quarter carryover applies; Calendar Year Deductible applies to all services, including where member copayment is stated as No Charge, unless next to service it explicitly states deductible is waived)	Preferred Providers¹ \$300 per individual / \$600 per family
Calendar Year Out-of-Pocket Maximum	\$1,300 per individual / \$2,600 per family
LIFETIME BENEFIT MAXIMUM	None
Covered Services	Member Copayment
PROFESSIONAL SERVICES	Preferred Providers¹
Professional (Physician) Benefits	
<ul style="list-style-type: none"> Physician and specialist office visits (Physicians include OB/GYN, Pediatrician, Internal Medicine, Family Practice, General Practice) 	\$30 per visit (Not subject to the Calendar-Year Deductible)
<ul style="list-style-type: none"> CT scans, MRIs, MRAs, PET scans, and cardiac diagnostic procedures utilizing nuclear medicine (prior authorization is required)³ 	No Charge
<ul style="list-style-type: none"> Other outpatient X-ray, pathology and laboratory (Diagnostic testing by providers other than outpatient laboratory, pathology, and imaging departments of hospitals/facilities)³ 	No Charge (Not subject to the Calendar-Year Deductible)
Allergy Testing and Treatment Benefits	
<ul style="list-style-type: none"> Office visits (includes visits for allergy serum injections) 	No Charge
Preventive Health Benefits	
<ul style="list-style-type: none"> Preventive Health Services (as required by applicable federal law.) 	No Charge (Not subject to the Calendar-Year Deductible)
OUTPATIENT SERVICES	
Hospital Benefits (Facility Services)	
<ul style="list-style-type: none"> Outpatient surgery performed at an Ambulatory Surgery Center⁴ 	No Charge
<ul style="list-style-type: none"> Outpatient surgery in a hospital 	No Charge
<ul style="list-style-type: none"> Outpatient Services for treatment of illness or injury and necessary supplies (Except as described under "Rehabilitation Benefits") 	No Charge
<ul style="list-style-type: none"> CT scans, MRIs, MRAs, PET scans, and cardiac diagnostic procedures utilizing nuclear medicine performed in a hospital (prior authorization is required)³ 	\$100 per visit
<ul style="list-style-type: none"> Other outpatient X-ray, pathology and laboratory performed in a hospital³ 	\$25 per visit
<ul style="list-style-type: none"> Bariatric Surgery (prior authorization required by the Plan; medically necessary surgery for weight loss, for morbid obesity only)⁵ 	No Charge
HOSPITALIZATION SERVICES	
Hospital Benefits (Facility Services)	
<ul style="list-style-type: none"> Inpatient Physician Services 	No Charge
<ul style="list-style-type: none"> Inpatient Non-emergency Facility Services (Semi-private room and board, and medically-necessary Services and supplies, including Subacute Care) 	No Charge
<ul style="list-style-type: none"> Bariatric Surgery (prior authorization required by the Plan; medically necessary surgery for weight loss, for morbid obesity only)⁵ 	No Charge
Skilled Nursing Facility Benefits^{7, 10}	
(Combined maximum of up to 100 prior authorized days per Calendar Year; semi-private accommodations)	
<ul style="list-style-type: none"> Services by a free-standing Skilled Nursing Facility 	No Charge
<ul style="list-style-type: none"> Skilled Nursing Unit of a Hospital 	No Charge

EMERGENCY HEALTH COVERAGE		
• Emergency room Services not resulting in admission (Copayment does not apply if the member is directly admitted to the hospital for inpatient services)		\$100 per visit
• Emergency room Services resulting in admission (when the member is admitted directly from the ER)		No Charge
• Emergency room Physician Services		No Charge
AMBULANCE SERVICES		
• Emergency or authorized transport		\$50 per transport
PROSTHETICS/ORTHOTICS		
• Prosthetic equipment and devices (Separate office visit copay may apply)		20%
• Orthotic equipment and devices (Separate office visit copay may apply)		20%
DURABLE MEDICAL EQUIPMENT		
• Breast pump		No Charge
• Other Durable Medical Equipment		20%
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES ^{8, 9}		
• Inpatient Hospital Services		No Charge
• Residential care		No Charge
• Outpatient Mental Health and Substance Abuse Services		\$30 per visit
	(Not subject to the Calendar-Year Deductible)	
HOME HEALTH SERVICES		
• Home health care agency Services (up to 100 prior authorized visits per Calendar Year) ¹⁰		\$30 per visit
• Home infusion/home intravenous injectable therapy and infusion nursing visits provided by a Home Infusion Agency		No Charge
OTHER		
Hospice Program Benefits		
• Routine home care		No Charge
• Inpatient Respite Care		No Charge
• 24-hour Continuous Home Care		No Charge
• General Inpatient care		No Charge
Chiropractic Benefits ¹⁰		
• Chiropractic Services (up to 26 visits per Calendar Year combined with Acupuncture services)		\$30 per visit
Acupuncture Benefits ¹⁰		
• Acupuncture (up to 26 visits per Calendar Year combined with Chiropractic services)		\$30 per visit
Rehabilitation Benefits (Physical, Occupational and Respiratory Therapy)		
• Office location		\$30 per visit
Speech Therapy Benefits		
• Office location		\$30 per visit
Pregnancy and Maternity Care Benefits		
• Prenatal and postnatal Physician office visits (For inpatient hospital services, see "Hospitalization Services.")		No Charge
• Abortion services ⁶		No Charge
Family Planning Benefits		
• Counseling and consulting ²		No Charge
	(Not subject to the Calendar-Year Deductible)	
• Tubal ligation		No Charge
	(Not subject to the Calendar-Year Deductible)	
• Vasectomy ⁶		No Charge
Diabetes Care Benefits		
• Devices, equipment, and non-testing supplies		No Charge
• Diabetes self-management training (If billed by your provider, you will also be responsible for the office visit copayment)		\$30 per visit
	(Not subject to the Calendar-Year Deductible)	
Care Outside of Plan Service Area Benefits provided through BlueCard® Program, for out-of-state emergency and non-emergency care, are provided at the preferred level of the local Blue Plan allowable amount when you use a Blue Cross/Blue Shield provider.		
• Within US: BlueCard Program		See Applicable Benefit
• Outside of US: BlueCard Worldwide		See Applicable Benefit

- 1 Member is responsible for copayment in addition to any charges above allowable amounts. The copayment percentage indicated is a percentage of allowable amounts.
Preferred providers accept Blue Shield's allowable amount as full payment for covered services.
- 2 Includes insertion of IUD as well as injectable contraceptives for women.

- 3 Participating ambulatory surgery and non-Hospital based ("freestanding") outpatient X-ray, pathology and laboratory facilities centers may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services or outpatient X-ray, pathology and laboratory services from a hospital or an ambulatory surgery center affiliated with a hospital, with payment according to your health plan's hospital services benefits.
- 4 Participating ambulatory surgery facilities centers may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital or an ambulatory surgery center affiliated with a hospital; with payment according to your health plan's hospital services benefits.
- 5 Bariatric surgery is covered when pre-authorized by the Plan. However, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura Counties ("Designated Counties"), bariatric surgery services are covered only when performed at designated contracting bariatric surgery facilities and by designated contracting surgeons; coverage is not available for bariatric services from any other preferred provider and there is no coverage for bariatric services from non-preferred providers. In addition, if prior authorized by the Plan, a member in a Designated County who is required to travel more than 50 miles to a designated bariatric surgery facility will be eligible for limited reimbursement for specified travel expenses for the member and one companion. Refer to the Plan Contract for further benefit details.
- 6 Copayment shown is for physician's services. If the procedure is performed in a facility setting (hospital or outpatient surgery center), an additional facility copayment may apply.
- 7 Services may require prior authorization by the Plan.
- 8 Mental health and substance abuse services are accessed using Blue Shield's participating providers.
- 9 Inpatient services for acute detoxification are covered under the medical benefit; see hospitalization services for benefit details. Services for medical acute detoxification are accessed through Blue Shield using Blue Shield's preferred providers.
- 10 Services with day or visit limits accrue to the calendar-year day or visit limit maximum regardless of whether the plan deductible has been met.

Plan designs may be modified to ensure compliance with federal requirements.

(1/15) ASO jt082514 091614

Small Group EPO Plan



	Home	Retail (in network)
Generics	\$15.00	\$10.00
Preferred brands	\$50.00	\$20.00
Nonpreferred brands (no generic)	\$112.50	\$45.00
Nonpreferred brands (generics available)	\$112.50	\$45.00
Specialty Drugs	30% with a \$150 copay maximum	
Deductible (Individual / Family)	\$200 / individual; applies to brand name drugs only	
Out of Pocket Maximum (Individual / Family)	\$5,300 / \$10,600	

SAVING WITH HOME DELIVERY

When you get maintenance medications (those prescription drugs you take regularly) at a retail pharmacy, you could be paying more than you need to. Use Express Scripts home delivery pharmacy services* for drugs to treat an ongoing condition (3 months or longer). We will deliver up to a 90-day supply right to you with free standard shipping.

RETAIL REFILL ALLOWANCE

The first three times that you purchase a long-term drug at a participating retail pharmacy, you'll pay your retail co-payment. After the third purchase, you'll pay a higher cost if you continue to purchase at retail. To avoid paying more, use the Express Scripts pharmacy and pay your mail-order co-payment for up to a 90-day supply. That means you'll pay less over time. Your medications will be delivered right to you, and standard shipping is free. Once you get started, you can request refills easily by mail, online or over the phone.

SAVING WITH GENERICS

FDA-approved generics are as safe and effective as their brand-name counterparts. If you're taking a brand-name drug, talk to your doctor and ask whether a less expensive generic drug could treat your condition. If your doctor agrees, ask your doctor to write a new prescription for the generic that you can fill through your prescription benefit.

*If you purchase a brand-name medication when a generic medication is available, you will pay the generic copayment, plus the difference in cost between the brand and the generic.

Home delivery... it's quick and easy

»» Call us

We'll contact your doctor to get a new 90-day prescription for home delivery.



»» Talk to your doctor

Ask your doctor for a new prescription for up to a 90-day supply. Have your doctor call us at 1.888-327-9791 for instructions on how to fax your prescription.

Manage your prescriptions online and on the go	Register on Express-Scripts.com	Download the Express Scripts mobile app
Receive prescription reminders	✓	✓
Search for potential lower-cost options using My Rx Choices ®	✓	✓
Receive prescription and drug interaction alerts	✓	✓
Show your virtual ID card at the retail pharmacy		✓
Contact a pharmacist	✓	
Check your coverage, claims and balances	✓	
Print claim forms, order forms and fax forms	✓	

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